

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

*See instructions for "Service of Process by U.S. Marshal"*

PLAINTIFF UNITED STATES OF AMERICA	COURT CASE NUMBER 98-CV-2411(GG)		
DEFENDANT ANA M. PARIS-AYALA	TYPE OF PROCESS ORDER (dated February 5, 2004)		
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
SERVE AT	Ana M. Paris-Ayala ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) HC-01, Bo. Torrecilla Baja, Loiza, PR 00772-9743		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW			
<p>H.S. GARCIA United States Attorney 350 Chardon Street, Suite 1201 San Juan, Puerto Rico 00918 FLU/VD (787)766-5656 Attn: Rebecca Vargas-Vera, AUSA</p>		Number of process to be served with this Form 285	1
		Number of parties to be served in this case	1
		Check for service on U.S.A.	✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

ORDER MUST BE SERVED PERSONALLY TO ANA M. PARIS-AYALA.  
CONTEMPT HEARING IS SET FOR MARCH 9, 2004 AT 3:00 PM  
EMPLOYER'S ADDRESS: POLICIA MONTADA PINONES, (TEL. 791-1217)

RECEIVED  
UNITED STATES MARSHAL

Fold

Signature of Attorney other Originator requesting service on behalf of:  REBECCA VARGAS-VERA, A.U.S.A.		<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
		<input type="checkbox"/> DEFENDANT	(787)766-5656	2.25.04

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 69	District to Serve No. 69	Signature of Authorized USMS Deputy or Clerk <i>P. Lopez</i>	Date 3-2-04
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)  <i>Policia Montada Pinones</i>	Date 03/04/2004	Time 10:00 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy <i>Clinton Jones</i>		

Service Fee <i>\$90.00</i>	Total Mileage Charges including endeavors <i>\$7.30</i>	Forwarding Fee <i>0</i>	Total Charges <i>97.30</i>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS: *Not at work but is there during weekdays 4 AM - 12 PM*

PRIOR EDITIONS  
MAY BE USED

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE

4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

FORM USM-285  
Rev. 12/15/80  
Automated 01/00